

## Instructions

1. Record all food and beverages for 3 consecutive days; ideally include two days during the week and one day on the weekend. We are interested in days that reflect your typical intake, not special occasions or vacations. Please be as accurate as possible.
2. Calculate carbohydrates for each meal and record.
3. Record all pre-meal blood sugar readings and pre-bedtime reading, include times. Blood sugar records 2 hours after eating will only be an asset.
4. Record all insulin injections.
5. You can leave the shaded areas; we will review how to complete this information during your 1:1 session.

day 1

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Meal		Food Eaten & Portions	Carbs	Insulin Taken (fast acting)
Basal Insulin: (long acting)			Total: _____g	Meal Bolus: _____
<b>BREAKFAST</b>				Correction: _____
Time:				Total Taken: _____
Blood Glucose:				
2-hr BG:				
Activity:				
<b>AM SNACK</b>				
Time:				
Blood Glucose:				
<b>LUNCH</b>			Total: _____g	Meal Bolus: _____
Time:				Correction: _____
Blood Glucose:				Total Taken: _____
2-hr BG:				
Activity:				
<b>PM SNACK</b>				
Time:				
Blood Glucose:				
<b>DINNER</b>			Total: _____g	Meal Bolus: _____
Time:				Correction: _____
Blood Glucose:				Total Taken: _____
2-hr BG:				
Activity:				
<b>NIGHT SNACK</b>				
Time:				
Blood Glucose:				
Basal Insulin: (long acting)				
<b>Plan</b>				
Insulin:Carb ratio = 1 unit for every _____ g of carbs at breakfast Insulin:Carb ratio = 1 unit for every _____ g of carbs at lunch Insulin:Carb ratio = 1 unit for every _____ g of carbs at dinner  Insulin Sensitivity Factor: 1 unit of humalog   rapid will ↓ BS _____ mmol/L Correction Dose: (Current BG – goal BG) ÷ ISF _____ = _____ U extra insulin to take with meal				

day 2

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Meal		Food Eaten & Portions	Carbs	Insulin Taken (fast acting)	
Basal Insulin: (long acting)			Total: _____g	Meal Bolus: _____	
<b>BREAKFAST</b>					Correction: _____
Time:					Total Taken: _____
Blood Glucose:					
2-hr BG:					
Activity:					
<b>AM SNACK</b>					
Time:					
Blood Glucose:					
<b>LUNCH</b>			Total: _____g	Meal Bolus: _____	
Time:				Correction: _____	
Blood Glucose:				Total Taken: _____	
2-hr BG:					
Activity:					
Activity:					
<b>PM SNACK</b>					
Time:					
Blood Glucose:					
<b>DINNER</b>			Total: _____g	Meal Bolus: _____	
Time:				Correction: _____	
Blood Glucose:				Total Taken: _____	
2-hr BG:					
Activity:					
Activity:					
<b>NIGHT SNACK</b>					
Time:					
Blood Glucose:					
Basal Insulin: (long acting)					

**Plan**

Insulin:Carb ratio = 1 unit for every \_\_\_\_\_ g of carbs at breakfast  
 Insulin:Carb ratio = 1 unit for every \_\_\_\_\_ g of carbs at lunch  
 Insulin:Carb ratio = 1 unit for every \_\_\_\_\_ g of carbs at dinner

Insulin Sensitivity Factor: 1 unit of humalog | rapid will ↓ BS \_\_\_\_\_ mmol/L  
 Correction Dose: (Current BG - goal BG) ÷ ISF \_\_\_\_\_ = \_\_\_\_\_ U extra insulin to take with meal

# day 3

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Meal		Food Eaten & Portions	Carbs	Insulin Taken (fast acting)
Basal Insulin: (long acting)			Total: _____g	Meal Bolus: _____
<b>BREAKFAST</b>				Correction: _____
Time:				Total Taken: _____
Blood Glucose:				
2-hr BG:				
Activity:				
<b>AM SNACK</b>				
Time:				
Blood Glucose:				
<b>LUNCH</b>			Total: _____g	Meal Bolus: _____
Time:		Correction: _____		
Blood Glucose:		Total Taken: _____		
2-hr BG:				
Activity:				
<b>PM SNACK</b>				
Time:				
Blood Glucose:				
<b>DINNER</b>			Total: _____g	Meal Bolus: _____
Time:		Correction: _____		
Blood Glucose:		Total Taken: _____		
2-hr BG:				
Activity:				
<b>NIGHT SNACK</b>				
Time:				
Blood Glucose:				
Basal Insulin: (long acting)				
<b>Plan</b>				
Insulin:Carb ratio = 1 unit for every _____ g of carbs at breakfast Insulin:Carb ratio = 1 unit for every _____ g of carbs at lunch Insulin:Carb ratio = 1 unit for every _____ g of carbs at dinner  Insulin Sensitivity Factor: 1 unit of humalog   rapid will ↓ BS _____ mmol/L Correction Dose: (Current BG – goal BG) ÷ ISF _____ = _____ U extra insulin to take with meal				